

County: Brown

Facility ID: 3770

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WESTERN VILLAGE

1640 SHAWANO AVENUE

GREEN BAY 54303 Phone: (920) 499-5177

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 124

Total Licensed Bed Capacity (12/31/03): 125

Number of Residents on 12/31/03: 111

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 116

Corporation

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		22.5
Supp. Home Care-Personal Care	No					1 - 4 Years		33.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.9	Under 65	13.5	More Than 4 Years		29.7
Day Services	No	Mental Illness (Org./Psy)	10.8	65 - 74	11.7			-----
Respite Care	Yes	Mental Illness (Other)	0.9	75 - 84	31.5			85.6
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.8	95 & Over	6.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.8		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.6		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	21.6	65 & Over	86.5	-----		
Transportation	No	Cerebrovascular	10.8		-----	RNs		9.8
Referral Service	No	Diabetes	7.2	Gender	%	LPNs		10.0
Other Services	No	Respiratory	8.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	32.4	Male	29.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	70.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
			Per Diem (\$)		Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)	Total Resi- dents	% Of All	
Level of Care	No.	%		No.	%		No.	%		No.	%		No.	%		No.	%			
Int. Skilled Care	0	0.0	0	1	1.2	122	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Skilled Care	15	100.0	318	73	86.9	105	0	0.0	0	11	100.0	156	0	0.0	0	1	100.0	375	100	90.1
Intermediate	---	---	---	4	4.8	89	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	6	7.1	153	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	5.4
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		84	100.0		0	0.0		11	100.0		0	0.0		1	100.0		111	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	4.1	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.1	Bathing	0.9	77.5	21.6	111
Other Nursing Homes	0.6	Dressing	17.1	70.3	12.6	111
Acute Care Hospitals	90.7	Transferring	28.8	45.9	25.2	111
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	23.4	53.2	23.4	111
Rehabilitation Hospitals	0.0	Eating	72.1	19.8	8.1	111
Other Locations	0.6	*****				
Total Number of Admissions	172	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	8.1	Receiving Respiratory Care		18.0
Private Home/No Home Health	31.5	Occ/Freq. Incontinent of Bladder	60.4	Receiving Tracheostomy Care		1.8
Private Home/With Home Health	21.3	Occ/Freq. Incontinent of Bowel	40.5	Receiving Suctioning		0.9
Other Nursing Homes	6.2			Receiving Ostomy Care		1.8
Acute Care Hospitals	9.0	Mobility		Receiving Tube Feeding		1.8
Psych. Hosp.-MR/DD Facilities	0.6	Physically Restrained	1.8	Receiving Mechanically Altered Diets		20.7
Rehabilitation Hospitals	0.6					
Other Locations	11.2	Skin Care		Other Resident Characteristics		
Deaths	19.7	With Pressure Sores	1.8	Have Advance Directives		89.2
Total Number of Discharges		With Rashes	4.5	Medications		
(Including Deaths)	178			Receiving Psychoactive Drugs		71.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.8	86.2	1.08	87.6	1.06	88.1	1.05	87.4	1.06
Current Residents from In-County	91.0	78.5	1.16	83.0	1.10	82.1	1.11	76.7	1.19
Admissions from In-County, Still Residing	22.1	17.5	1.26	19.7	1.12	20.1	1.10	19.6	1.12
Admissions/Average Daily Census	148.3	195.4	0.76	167.5	0.89	155.7	0.95	141.3	1.05
Discharges/Average Daily Census	153.4	193.0	0.80	166.1	0.92	155.1	0.99	142.5	1.08
Discharges To Private Residence/Average Daily Census	81.0	87.0	0.93	72.1	1.12	68.7	1.18	61.6	1.32
Residents Receiving Skilled Care	91.0	94.4	0.96	94.9	0.96	94.0	0.97	88.1	1.03
Residents Aged 65 and Older	86.5	92.3	0.94	91.4	0.95	92.0	0.94	87.8	0.99
Title 19 (Medicaid) Funded Residents	75.7	60.6	1.25	62.7	1.21	61.7	1.23	65.9	1.15
Private Pay Funded Residents	9.9	20.9	0.47	21.5	0.46	23.7	0.42	21.0	0.47
Developmentally Disabled Residents	0.9	0.8	1.12	0.8	1.18	1.1	0.81	6.5	0.14
Mentally Ill Residents	11.7	28.7	0.41	36.1	0.32	35.8	0.33	33.6	0.35
General Medical Service Residents	32.4	24.5	1.32	22.8	1.42	23.1	1.40	20.6	1.58
Impaired ADL (Mean)	45.0	49.1	0.92	50.0	0.90	49.5	0.91	49.4	0.91
Psychological Problems	71.2	54.2	1.31	56.8	1.25	58.2	1.22	57.4	1.24
Nursing Care Required (Mean)	6.4	6.8	0.95	7.1	0.91	6.9	0.93	7.3	0.88